

ATTACHMENT A VSH Work To Be Performed as outlined in the State and FAHC Contract 2-6-06			
STATE'S RESPONSIBILITIES:	Action Plan	Status	Time Frame
1. Administering VSH in compliance with all applicable laws and regulations and in accordance with established standards for similar psychiatric facilities	VSH will achieve full compliance with all applicable laws and regulations.	Hospital regulatory compliance is undergoing ongoing evaluation, action plans are being created, and interventions being implemented as required.	Ongoing
2. Providing all necessary legal representation pertaining to the admission, discharge and treatment of patients of VSH	Legal representation will be provided	Completed.	
3. Undertaking to provide adequate numbers of trained, competent and properly licensed personnel including personnel, both nurses and psychiatric technicians, maintain services at VSH consistent applicable standards and legal requirements	Improvement strategies in place: Currently have 10 LPN positions, 32 Direct Care RNs, 7 Nursing Supervisors and 2 Nurse Educators in addition to 108 Psychiatric Technician permanently classified positions.	Completed.	
4. State shall employ its best efforts to maintain nursing staffing patterns and schedules, which are at least comparable to those used by the Contractor in connection with its own in-patient psychiatric facilities	VSH 2007 Budget includes 13 additional RN positions to bring Nursing to an average of 1:4 Nurse to Patient ratio.	Completed.	
5. The State shall use its best efforts to provide no later than December 31, 2005, only nurses or medical personnel will administer medications to patients.	Improvement strategies in place: Phased implementation of licensed professionals administering medications as staff are recruited. Day shift implementation complete.	In Process.	CY 2006
6. Maintaining the facilities at VSH to provide a safe and appropriate environment for the care of VSH patients, consistent with applicable standards and legal requirements and provide a suitable work environment for staff of VSH	All recommended facility improvements will be completed.	Completed.	
7. Providing appropriate security measures for all patients admitted to VSH and taking reasonable measures to prevent the elopement of patients at VSH	Review/Revise Escorting Patients and Transporting Patients policies. Staff training.	Completed.	
8. Taking such steps necessary to implement the clinical recommendations of the Contractor that the State, in its reasonable discretion choose to put into practice	VSH and FAHC will have an active dialogue about clinical practices at VSH throughout the time frame of the Contract.	In Process.	Ongoing
9. Responding properly to all requests for public records concerning VSH	System in place	Completed.	
10. Providing suitable and satisfactory office space, information technology, equipment and administrative support staff to FAHC	Office space, information technology, equipment and administrative support staff are in place.	Completed.	
11. Providing appropriate quality assurance, quality improvement function for VSH	Contract with FAHC quality consultant and contract with retired FAHC Quality Improvement expert in place. Re-allocation of staff for additional department support.	Completed.	
12. Medical Records - maintaining and managing the records of VSH	Improvement strategies developed. Anticipate substantive changes to chart organization. Consultation with FAHC Medical Records in progress.	In Process.	May '06
13. Accreditation - the State shall obtain and maintain any accreditation that is necessary or desirable to operate VSH.	Strategies for certification are being developed as all improvement initiatives are performed. Negotiate with FAHC Institute for Quality to perform a mock JCAHO Survey to be performed once improvement initiatives are in place.	In Process.	CY 2007
14. Licensure - The State shall obtain and maintain license or certification that is necessary to operate VSH	Stipulations for licensure have action plans developed or are being developed.	In Process.	June '06
FAHC RESPONSIBILITIES:	Action Plan	Status	Time Frame
1. Qualified psychiatrist as Medical Director of VSH	Medical Director is in place.	Completed.	
2. Contractor shall initially provide up to 5.75 full-time equivalent (FTE) Staff Psychiatrists to maintain an approximate psychiatrist to patient bed ratio of not less than 1 to 8 acute patients, 1 to 10 subacute patients	Second round of interviews include candidates' meetings with VSH staff, and advocates.	In Process.	August '06
3. Provide continuous 24-hour on-call coverage	Coverage will be in place.	Completed.	
4. Two full-time equivalent psychiatric residents or fellows	Residents or fellows will be recruited.	1 in place as of 2/06.	August '06
5. Qualified neurologist	Neurologist will be in place.	Completed.	
6. All physicians shall be either board certified or board eligible	Physicians meet necessary requirements.	Completed.	
7. FAHC Chair shall annually evaluate the VSH Medical Director's performance, provide a copy of the evaluation to the VSH Executive Director	Annual Evaluation will be conducted/completed.	Due July 1, 2006	July '06

FAHC RESPONSIBILITIES:	Action Plan	Status	Time Frame
8. VSH Medical Director responsibilities	VSH will have clinical leadership and an integrated system of care. Plans to assure Hospital's clinical requirements are met are in progress. Physicians will be evaluated. Corrective actions plans will be put in place as required and in accordance with Department of Justice time lines. VSH Medical Director meets weekly and as needed with VSH Executive Director and physicians.	VSH Medical Director is active in state-wide initiatives and serves as the Director of Public Psychiatry for UVM. Policies and procedures are being revised and updated. Improvement plans are in process. Medical Director involved with education, training, and potential research opportunities	CY 2006 - 2009
9. VSH Staff Psychiatrists responsibilities	Staff Psychiatrists provide clinical care, participate in educational and training programs, collaborate with treatment team members in the development of discharge plans, attend committees, supervise medical students and residents, work with the legal division, and complete documentation. Improvement strategies are ongoing.	Completed.	
10. Academic Research - Conduct research in the area of public sector psychiatry	Research opportunities will be explored as appropriate to advance quality patient care and treatment.	VSH Medical Director is active in state-wide initiatives and serves as the Director of Public Psychiatry for UVM.	2006
11. Compliance with applicable State and Federal requirements	Compliance requirements reviewed and will be met.	Ongoing review to ensure compliance.	Ongoing
12. Accreditation	The Contractor will cooperate with the Vermont Department of Health (VDH) obtaining accreditation of VSH.	In Process	CY 2007
13. Initial Review	Contractor shall assess the clinical standards of Hospital and design a plan	FAHC Report completed.	
14. Proactive Aftercare	Staff psychiatrist will interface with social services, community aftercare providers, other entities as necessary to ensure appropriate community follow-up achieved	Completed. Staff psychiatrists work collaboratively with VSH Social Services, community providers, and patients to develop after care plans and services.	
15. Family Involvement	Staff psychiatrists will pursue active engagement with the family of all admitted patients	Completed.	
16. Performance Measurements/Updates	Contractor shall present a review of Contractor activity at VSH on no less than a quarterly basis	Format of review being determined.	APRIL '06
FAHC REPORT BROAD RECOMMENDATIONS			
Workforce and Leadership Development	Action Plan	Status	Time Frame
1. Attention to the needs of existing staff	Multiple levels of retention plans enacted	Salaries commensurate with market. Completed.	
2. Recruit two full-time faculty psychiatrists to work during business hours by July 1, 2006; Recruit one full-time faculty psychiatrist to provide overnight coverage by July 1, 2006; Development of a pool of psychiatrists to cover any remaining nights, weekends, or holidays is complete and in place.	Recruitment activity initiated.	Psychiatry candidates in second round of interviews include meetings with VSH staff, and advocates.	August '06
3. Recruit nurses.	VSH 2007 Budget includes 13 additional RN positions to bring Nursing to an average of 1:4 Nurse to Patient ratio.	In Process.	July '06
4. Recruitment of Psychiatric Occupational Therapist	Recruit for additional services.	Currently have a contracted OT;	CY 2007
5. Human Resources strategic plan to be developed.	Human Resources Strategic Plan to be developed with State Human Resource Dept.	In Process.	CY 2006
6. Review Staff training	Mandatory programs developed and implemented, data base created to track compliance. Tested tracking tools, refinement and evaluation currently being performed.	In Process.	CY 2007
7. Re-invigoration of the psychiatric technician training program	Review Clinical ladder requirements of training program.	In Process	CY 2006
8. Integration with the University of Vermont Dept. of Nursing Psychiatric Nurse Practitioner Training Program.	Undergraduate rotation for RNs in place. Will seek collaboration with UVM for new post-graduate program students.	In Process.	CY 2007

Decrease Coercive Interventions	Action Plan	Status	Time Frame
1. Adoption of single method managing aggression both FAHC and VSH emphasis on de-escalation techniques, minimum of physical intervention	Colloration with FAHC needed for single method management.	In Process.	CY 2008
2. Continued use of monitoring bodies.	Emergency Involuntary Procedures Reduction Program; Quarterly Treatment Panel	Committees in place.	
3. Incorporate recovery principles into the treatment program at Vermont State Hospital develop a range of therapies appropriate for this patient population Identify best practices psychosocial treatments. Identify treatment alternatives for patients have a poor response to medication, not tolerate medications, choose not to take medication. Develop a program track for these patients integrating the program developed for acute rehab programs. Work in conjunction with ADAP develop and maintain more robust substance abuse programming. Consult with the Standing Committee choose pilot programs test at VSH.	Staff training available in Recovery Model. Treatment tracks to be developed.	Initial work has started by assuring all staff are educated to the Recovery Model. "Community Links" offered to patients by Social Services staff as apart of the discharge planning process. DOJ findings entail extensive work in this area.	CY 2006 - 2008
4. Seclusion and restraint: Continuous monitoring of emergency involuntary interventions in a manner that clearly tracks and trends events. Assure compliance with all national standards of care related to involuntary procedures. Policies and practices to match standards of care. Assure all policies are implemented, monitored ,reviewed, tracked and reported internally and externally.. Assure all staff are educated, trained and evaluated in the use of any involuntary procedure. to meet all expectations regarding use of any involuntary procedure.	Initiatives in place for continued improvement and revision. DOJ findings entail extensive work in this area.	Data definitions and collection under review to ensure accurate monthly data. NAPPI Training completed for all staff. CON documentation form revised to assure all standards of care are consistently met. CON data monitored by Quality Consultant and Medical Director.	CY 2006 - 2008
Maximize Patient Preference	Action Plan	Status	Time Frame
1. Recovery-oriented treatment	Recovery model, incorporating the patient's goals and preferences.	Support recovery model and patient participation in treatment plans. Patients are included in all care planning. Recovery education offered. Vermont Psychiatric Survivors participate in staff orientation.	CY - 2006 and ongoing.
Quality Assurance	Action Plan	Status	Time Frame
1. Development of standards based on best practice (indicators, measurement, plans, and outcomes).	Progressive and documented adherence to broadly accepted guidelines (e.g. APA)	In process	CY 2006 - 2008
2. A system of supervision for clinicians that should include both peer supervision and the oversight of junior clinicians.	Ensure supervision is in place.	System now in place and functioning	CY 2006 - 2007
3. Use of the Root Cause Analysis method to review critical events and to track improvement	Plan to utilize FAHC Institute for Quality.	Collaborative plan in place.	
4. Focus groups to measure patient satisfaction and concerns	Focus groups to occur on routine basis.	Focus groups held monthly.	
5. Develop a culture whereby staff identify and bring forward processes, outcomes that should be improved	Staff training in quality improvement model.	In Process.	CY 2006 - 2007
6. Utilize FAHC's Consultant model, establish a "Quality Consultant" role to liaison directly with VSH	Consultant model created.	FAHC consultant in place.	
7. Support for the Quality Consultant will be offered.	FAHC Institute for Quality and Operational Effectiveness to be utilized.	Collaborative plan in place.	
8. Management team including VSH Medical Director, VSH Executive Director, FAHC Psychiatry Physician Leader identify priority areas improvement, charter teams, implement improvement plans	Work prioritized to implement Quality Improvement teams	Management / Leadership team assessment of opportunities for improvement completed.	CY 2006 - 2007

Psychology/Behavior Therapy	Action Plan	Status	Time Frame
1. Psychological services	Recruit additional psychology position.	Work in progress to change role of Psychology to more contemporary use of services to better meet patient care needs.	2008
2. Effective behavior plans minimize aggression, minimize medication, minimize emergency involuntary interventions, shorten hospital stays. Routinely identify all patients require a behavioral treatment plan part of the Initial Multidisciplinary Treatment Planning process. Behavioral psychologist develop written behavior plan. Demonstrate that behavior plans are discussed at team rounds staff will respond to patients in a way that is consistent with the plan. Establish a method of reviewing key outcomes individual patients so that behavior plans are revised if they are ineffective. Recruit a new psychologist with expertise in behavioral management aggressive patients. Train current employed psychologists contingency and behavior management	Increase use of psychologist for implementation of behavioral treatment plan	Plans are being developed to meet this goal. DOJ findings entail extensive work in this area.	FY 2006 - 2008
Policies	Action Plan	Status	Time Frame
1. Technical review of all policies to ensure internal consistency, completeness, compliance with law, preservation of civil rights, compliance with best clinical practice, compliance with CMS and JCAHO standards	System for all policy development and review	System developed. Completed.	
Risk Management	Action Plan	Status	Time Frame
1. Risk Management - have standardized method for tracking, trending, reporting critical incidents in consultation with the Quality Institute	Develop standardized method.	Reporting system developed and implemented with tracking and trending initiated. Conformance to FAHC use of computerized report to be evaluated as IS systems are developed.	Cy 2006 - 2007
2. Risk Management System at VSH is inadequate	Develop system.	A standardized event tracking system at VSH to report, track, and trend incidents of patient injury, staff injury, elopement, suicidal behavior, falls, medication errors has been implemented and tracking / trending is being performed.	
3. Review, revise, or create policies, practices to identify, record, and track contraband in the hospital	To be defined in collaboration with FAHC.	In Process	CY 2007
Medical Records/Clinical Standards	Action Plan	Status	Time Frame
1. Integrated Medical Record - adopt a common electronic repository for clinical records of patients at FAHC, VSH	To be developed in the future as FAHC electronic record is designed and implemented.	Pending	CY 2008
2. FAHC and VSH collaborate design a single initial assessment protocol with electronic records technology	To be developed in the future as FAHC electronic record is designed and implemented.	Pending	CY 2008
3. Diagnosis have not been uniformly validated substantiated clinical data: Need to assure discharge diagnosis is supported by clinical information and documentation.	Plans have been developed to assure compliance with standards of care.	Peer review process initiated. Audit systems initiated.	CY 2006 - 2007
4. Treatment Planning must multi-disciplinary, tailored to each individual patient clearly documented as indicated by regulatory standards of care. Audits are needed to assure compliance with standard of care.	Collaboration with FAHC to utilize similar methods and tools.	Audits occur with some elements. DOJ findings entail extensive work in this area.	CY 2006 - 2008
5. All treatments offered will be supported by evidence of effectiveness and safety. All elements of interventions, including pharmacotherapy to be developed to meet "best practice" guidelines.	Develop monitoring plan of performance to goals.	Plans being developed to meet this goal. Medication management system funding allocated.	CY 2006 - 2008
6. Ensure that physician documentation meets all CMS and JCAHO standards	Targets established incrementally.	Audit tools being developed to target areas of improvement.	CY 2006 - 2007
Education/Consultation	Action Plan	Status	Time Frame
1. Telepsychiatry links and programs be established to:	Plans have been developed.	In Process.	CY 2007
Pharmacy	Action Plan	Status	Time Frame
1. VSH adopt modern pharmacy practices, including adoption of an electronic pharmacy management system.	Vendor selection process to be determined, including implementation plans	Funding now identified to support system.	CY 2006